UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION

In re: Case No. 08-23996

JAMES A PALMORE DURHONDA A BASKETT PALMORE Debtor(s)

CHAPTER 13 STANDING TRUSTEE'S FINAL REPORT AND ACCOUNT

Tom Vaughn, chapter 13 trustee, submits the following Final Report and Account of the administration of the estate pursuant to 11 U.S.C. § 1302(b)(1). The trustee declares as follows:

- 1) The case was filed on 09/10/2008.
- 2) The plan was confirmed on 01/15/2009.
- 3) The plan was modified by order after confirmation pursuant to 11 U.S.C. \S 1329 on 01/15/2009, 03/18/2010, 06/30/2011.
- 4) The trustee filed action to remedy default by the debtor in performance under the plan on $\frac{12}{01}$, $\frac{10}{06}$, $\frac{10}{10}$, \frac
 - 5) The case was completed on 05/20/2014.
 - 6) Number of months from filing to last payment: 68.
 - 7) Number of months case was pending: 73.
 - 8) Total value of assets abandoned by court order: NA.
 - 9) Total value of assets exempted: \$43,737.00.
 - 10) Amount of unsecured claims discharged without payment: \$23,812.28.
 - 11) All checks distributed by the trustee relating to this case have cleared the bank.

Receipts:

Total paid by or on behalf of the debtor \$14,545.12 Less amount refunded to debtor \$0.00

NET RECEIPTS: \$14,545.12

Expenses of Administration:

Attorney's Fees Paid Through the Plan \$2,050.00
Court Costs \$0.00
Trustee Expenses & Compensation \$932.87
Other \$0.00

TOTAL EXPENSES OF ADMINISTRATION:

\$2,982.87

Attorney fees paid and disclosed by debtor: \$1,450.00

Scheduled Creditors:						
Creditor Name	Class	Claim Scheduled	Claim Asserted	Claim Allowed	Principal Paid	Int. Paid
ADVOCATE TRINITY HOSPITAL	Unsecured	260.00	NA	NA	0.00	0.00
BLUE ISLAND PATHOLOGY	Unsecured	47.00	NA	NA	0.00	0.00
CARLTON A WEST MD SC	Unsecured	170.00	NA	NA	0.00	0.00
CATHERINE TAPE REPORT	Unsecured	51.00	NA	NA	0.00	0.00
CHICAGO IMAGING	Unsecured	118.00	NA	NA	0.00	0.00
CHICAGO IMAGING	Unsecured	0.00	NA	NA	0.00	0.00
CRANDON CONDO ASSOC	Secured	5,000.00	0.00	5,000.00	5,000.00	0.00
CRANDON CONDO ASSOC	Unsecured	5,000.00	NA	NA	0.00	0.00
EAST BAY FUNDING	Secured	NA	247.76	247.76	0.00	0.00
EVERGREEN MEDICAL	Unsecured	133.00	NA	NA	0.00	0.00
FORD MOTOR CREDIT	Unsecured	8,523.00	5,124.77	5,124.77	3,175.18	0.00
GMAC MORTGAGE	Secured	NA	NA	NA	0.00	0.00
GMAC MORTGAGE	Secured	174,505.00	163,391.45	NA	0.00	0.00
ILL BONE & JOINT INSTITUTE	Unsecured	20.00	NA	NA	0.00	0.00
ILLINOIS DEPT OF REVENUE	Priority	600.00	NA	NA	0.00	0.00
ISLAND ONE RESORTS	Unsecured	700.00	NA	NA	0.00	0.00
JC PENNEY	Unsecured	0.00	NA	NA	0.00	0.00
KAPLAN & SKLAR MD	Unsecured	105.00	NA	NA	0.00	0.00
LVNV FUNDING	Unsecured	210.00	224.53	224.53	139.11	0.00
MEDICAL BUSINESS BUREAU	Unsecured	210.00	NA	NA	0.00	0.00
MEDICAL COLLECTIONS SYSTEMS	Unsecured	134.00	NA	NA	0.00	0.00
MIDNIGHT VELVET	Unsecured	352.00	352.95	352.95	218.68	0.00
MIDWEST DIAGNOSTIC PATHOLOGY	Unsecured	138.00	NA	NA	0.00	0.00
OPEN MRI	Unsecured	600.00	NA	NA	0.00	0.00
PEOPLES GAS LIGHT & COKE CO	Unsecured	110.00	136.22	136.22	84.40	0.00
PRA RECEIVABLES MANAGEMENT	Unsecured	2,744.09	2,670.69	2,670.69	1,654.70	0.00
PRA RECEIVABLES MANAGEMENT	Unsecured	2,181.00	2,082.37	2,082.37	1,290.18	0.00
SEARS ROEBUCK & CO	Unsecured	2,838.00	NA	NA	0.00	0.00
SOUTH SHORE HOSPITAL	Unsecured	7,323.00	NA	NA	0.00	0.00
SOUTH SHORE RADIOLOGY	Unsecured	129.00	NA	NA	0.00	0.00
ST FRANCIS HOSPITAL	Unsecured	42.00	NA	NA	0.00	0.00

Scheduled Creditors:						
Creditor		Claim	Claim	Claim	Principal	Int.
Name	Class	Scheduled	Asserted	Allowed	Paid	Paid
ST FRANCIS HOSPITAL & HEALTH	Unsecured	119.00	NA	NA	0.00	0.00
VSPS/CBSD	Unsecured	0.00	NA	NA	0.00	0.00
WORLD FINANCIAL NETWORK NAT	Unsecured	346.00	NA	NA	0.00	0.00
ZAKS AUTOBODY	Unsecured	1,300.00	NA	NA	0.00	0.00

Claim	Principal	Interest
Allowed	Paid	<u>Paid</u>
\$0.00	\$0.00	\$0.00
\$0.00	\$0.00	\$0.00
\$0.00	\$0.00	\$0.00
\$5,247.76	\$5,000.00	\$0.00
\$5,247.76	\$5,000.00	\$0.00
\$0.00	\$0.00	\$0.00
\$0.00	\$0.00	\$0.00
\$0.00	\$0.00	\$0.00
\$0.00	\$0.00	\$0.00
\$10,591.53	\$6,562.25	\$0.00
	\$0.00 \$0.00 \$0.00 \$5,247.76 \$5,247.76 \$0.00 \$0.00 \$0.00 \$0.00	Allowed Paid \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$5,247.76 \$5,000.00 \$5,247.76 \$5,000.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00

Disbursements:		
Expenses of Administration Disbursements to Creditors	\$2,982.87 \$11,562.25	
TOTAL DISBURSEMENTS :		<u>\$14,545.12</u>

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12) The trustee certifies that, pursuant to Federal Rule of Bankruptcy Procedure 5009, the estate has been fully administered, the foregoing summary is true and complete, and all administrative matters for which the trustee is responsible have been completed. The trustee requests a final decree be entered that discharges the trustee and grants such other relief as may be just and proper.

Dated: 09/29/2014 By:/s/ Tom Vaughn

Trustee

STATEMENT: This Unified Form is associated with an open bankruptcy case, therefore, Paperwork Reduction Act exemption 5 C.F.R. § 1320.4(a)(2) applies.